

A and L Clinics Limited

Lower Brook Dental Surgery

Inspection report

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Overall summary

We undertook a follow up focused inspection of Lower Brook Dental Surgery on 2 March 2023. This inspection was carried out to review the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who had remote access to a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Lower Brook Dental Surgery on 6 October 2022 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing well-led care and was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can read our report of that inspection by selecting the 'all reports' link for Lower Brook Dental Surgery on our website www.cqc.org.uk.

When 1 or more of the 5 questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

As part of this inspection we asked:

- Is it well-led?

Our findings were:

Are services well-led?

We found this practice was providing well-led care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breach we found at our inspection on 6 October 2022.

Summary of findings

Background

Lower Brook Dental Surgery is in Ipswich, Suffolk and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with specific needs.

The dental team includes 3 dentists, 5 dental nurses including 2 trainee dental nurses, 1 dental hygienist, 1 receptionist, 1 support staff and 1 practice manager both of whom are dental nurses. The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentist, the support staff and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 9am to 5.30pm.

Friday from 9am to 5pm.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action



Are services well-led?

Our findings

We found that this practice was providing well-led care and was complying with the relevant regulations.

At the inspection on 2 March 2023 we found the practice had made the following improvements to comply with the regulation:

- Systems and processes to enable governance and oversight of the service and to assess, monitor and mitigate risks had been reviewed and were operating effectively.
- The practice had reviewed its systems for monitoring risk assessment action plans to ensure improvement. The practice had taken remedial actions to ensure hot water temperatures were in line with recommended guidance. We noted legionella hot water checks were undertaken with improved oversight of the hot water temperatures recorded by the management team. We saw logs of hot water taps temperatures where temperatures were consistently above the recommended guidance of 55 degrees Celsius. There were nominated leads for legionella who had undertaken legionella training.
- The practice had reviewed its decontamination processes to ensure these were in line with recommended guidance. We noted servicing of decontamination equipment had been completed. There were logs to confirm heavy duty gloves and long handled brushes were changed regularly in line with guidance. The practice had introduced processes to ensure solutions for manual cleaning were measured and the water for cleaning was at the appropriate temperature. We noted records to confirm the effectiveness of the ultra-sonic bath and the tests for the autoclave were now retained and in place. The practice had reviewed its processes for the pouching of instruments to ensure single use items were not reused and there were no unpouched or out of date items left in treatment room drawers.

The practice had also made further improvements:

- The practice had implemented protocols for conscious sedation, taking into account the guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'. In particular the practice had ensured a second oxygen cylinder was available.
- The practice had implemented an effective system of checks of medical emergency equipment and medicines. We noted logs of daily, weekly and monthly checks were in place.
- The practice had reviewed its process for the use of X-ray equipment. We noted rectangular collimation was fitted in all 3 treatment rooms. The practice was in the process of developing a Service Level Agreement for in-coming referrals for the Cone-beam computed tomography (CBCT) machine. We were told that since the previous inspection this had not been in use.